	Effective on 1:	2/08/2004.	······································		espond to a collection of information unless it displays a valid OMS control number  Complete if Known					
	the Consolidated App	· · · · ·		Αn	plication Numb	er 10/538,	492	Conf. No.: 70	092	
	ETRAN	<b>VSM</b>	IIIAI	ļi.	ing Date	June 09	, 2005			
For FY 2009				Fir	First Named Inventor		Koji MATSUMOTO			
2000				Ex	Examiner Name		N. SULTANA			
Applicant claims small entity status. See 37 CFR 1.27				ļ	Art Unit 1					
TOTAL AMOUNT OF PAYMENT (\$)			490.00	Attorney Docket No.			0020-5382PUS1			
METUAN AE	DAVISENTIALA	ماد سالا فاسمه								
meinou or	PAYMENT (chec	CK all mar	appiy)						***************************************	
Check Credit Card Money Order None Other (please identify);										
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									LLP	
	bove-identified dep									
₽ Ch	arge fee(s) indicat	ed below			Charge	fee(s) indicate	id below, exces	ot for the filler	a fee	
Charge any additional fee(s) or underpayments of fee(s)										
in the	der 37 CFR 1.16 a atlon on this form n	end 1.17			houses.			ida enadis ezed		
	thorization on PTG		puone, eccui ca	a manno	aion snocio nai	na mendaaa en	ms iona riore	crer carerers seems		
FEE CALCUL	ATION									
1. BASIC FILIP	VG, SEARCH, A			ES						
	FILI	NG FEES		EARCH	FEES I	EXAMINATIO	ON FEES all Entity			
<u>Application </u>	Type Fee				Fee (\$)		ee (\$)	Fees Paid (	<b>(L)</b>	
Utility	330	165	5	40	270	220	110			
Design	220	116	1	00	50	140	70			
Plant	220	11(	3.	30	165	170	85			
Reissue	330	165	5	40	270	650	325			
Provisional	220	116	•	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)										
Fee Description Each claim over 20 (including Reissues)							52	<u>Fee (\$)</u> 26		
Each independent claim over 3 (including Reissues)							220	110		
Multiple dependent claims							390	195		
Total Claims		<u>Claims</u>	Fee (\$)	Fee Pale 0.00	1 (\$)		Multiple Depe			
	0 or HP = <u>0</u> mber of total claims p	x said for, if gre		0.00			Fee (\$)	Fee Paid (\$)	Ė	
Indep. Claims		Claims	Fee (\$)	Fee Paic	<u>i (\$)</u>	**		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<del>~~</del>	
	or HP = (		or, if greater than 3	<u>0.00</u> 3.	<b></b> .					
3. APPLICATION	ON SIZE FEE		1 100 1	, ,	4 4. 4		** 4			
	ation and drawir der 37 CFR 1.52									
	raction thereof.		S.C. 41(a)(1)(	(G) and :	37 CFR 1.160	s).		m waterfortar	50	
Total Sheet	s Extra	Sheets	Number of	each ad	<u>ditional 50 or f</u>	raction there		<u>Fee Pai</u> ≈ 0.00		
4. OTHER FEE	***	0 /:	)U ~	frot	and up to a who	ne number)	Α			
	h Specification,	\$130 fe	e (no small ent	tity disco	ount)			Fees Pa	<u> </u>	
_	hate filing surch		,	-	•			490.	.00	
			<b>,</b>	******						
SUBMITTED BY			er Managanian kanadan kan Manadan kanadan kanada	Reas	stration No. 328		Telephone 7	703 005 0000		
					Attomey/Agent)					
√ame (Print/Type)	John W. Bailey		•	******			Date Febr	uary 23, 2011		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) en application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.